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Name: Sharlene A Chapman | DOB: 1/19/1989 | MRN: 63652909 | PCP: Teria Mat

Medical  
Records  
(Z)

## CT CTA CHEST PULMONARY

Collected on January 24, 2021 1:16 PM

### Results

#### Impression

1. Occlusive pulmonary emboli. Thrombus burden-mild. RV LV ratio 0.8.

Subsegmental airspace disease posterior left lower lobe suspicious for pulmonary infarction.

2. Hazy areas of groundglass opacity are present in the lower lobes and upper lobes. Some of these changes are likely from atelectasis in the lower lobes. However infectious or inflammatory pneumonitis including Covid 19 could have a similar appearance.

A nodular subpleural opacity is present in the lateral left upper lobe. This could represent a more nodular area of airspace disease or possibly a pulmonary nodule. Recommend follow-up chest CT in 3 months to reevaluate this finding.

I communicated the above findings to Ms. Page via telephone 1/24/2021 1:27 PM Dr. B. Skinner.

3. Enlarged right hilar lymph nodes are nonspecific and may be reactive, inflammatory or infectious. These should also be reevaluated on the follow-up chest CT recommended above.

3. Hepatic steatosis.

Signed By: Bennie A Skinner, MD on 1/24/2021 1:28 PM

#### Narrative

Comparisons:Chest x-ray 1/24/2021.

Indication: Chest pain, acute, PE suspected, intermed prob, positive D-dimer.

Contrast: 120 cc Omnipaque 350 intravenous Axial CT imaging was performed through the chest and pulmonary arteries after intravenous contrast administration using CT angiography technique. Maximum intensity projection coronal reformations were generated.

Automated exposure control adjustment of mA and KV according to patient size and/or iterative reconstruction technique were used for this exam.

The DLP is estimated at 1304.26 mGy.

Mediastinum:

Normal-sized axillary lymph nodes. 18 x 15 mm right hilar lymph node. Upper normal-sized left hilar lymph nodes.

Vasculature:

~~Heart size appears slightly enlarged~~ Ascending thoracic aorta 2.1 cm transverse. No evidence of dissection. Main pulmonary artery 2.6 cm transverse. Occlusive pulmonary emboli are present in segmental pulmonary arteries in the left upper lobe, left lower lobe, and right lower lobe. RV LV ratio 0.8.

Lungs:

Tracheal air column and mainstem bronchi are well aerated. Areas of patchy groundglass density are present in the upper lobes. 7 mm subpleural nodule left upper lobe (image 38). Mild platelike atelectasis right middle lobe and lingula and left lower lobe. Groundglass opacities are present in the lower lobes that are in part from atelectasis. A more focal subsegmental groundglass opacity in the periphery of the posterior left lower lobe (image 83) that is hypoperfused on the iodine map suggesting a pulmonary infarct..

Abdomen:

The abdominal organs described below were not imaged in their entirety as the study was tailored for the chest.

Liver: Diffuse hepatic steatosis

Gallbladder: Partially contracted

Pancreas: Normal as visualized

Spleen: Heterogeneous enhancement from red and white pulp

Adrenal glands: Normal

Kidneys: Normal as visualized

Bones: No suspicious bone lesions are identified.

Ordering provider: Hope Page

Reading physician: Bennie A Skinner

Study date: January 24, 2021 1:28 PM

Collection date: January 24, 2021 1:16 PM

Result date: January 24, 2021 1:28 PM

Result status: Final

Pg 2

## AFTER VISIT SUMMARY

Sharlene A. Chapman MRN: 63652909



1/25/2021 Sentara Norfolk General Emergency Department 757-730-5050

### Instructions

Do not hesitate to return to the ER if you begin to experience new or worsening symptoms.

- Read the attached information  
**Pulmonary Embolism (English)**

- Schedule an appointment with Thomas Grant MD as soon as possible for a visit  
Specialty: Family Practice  
Contact: 825 Fairfax Avenue  
Norfolk VA 23507  
757-446-5955

- Follow up with Sentara Norfolk General Emergency Department  
Why: As needed, If symptoms worsen  
Specialty: Emergency Medicine  
Contact: 600 Gresham Drive  
Norfolk Virginia 23507  
757-730-5050

### Today's Visit

Your Treatment Team today included  
Michael S Hurban, MD

#### Diagnoses

- Multiple subsegmental pulmonary emboli without acute cor pulmonale (HCC)
- Pulmonary infiltrates
- COVID-19 virus infection

Lab Tests Completed  
**BASIC METABOLIC PANEL**  
**CBC WITH DIFFERENTIAL**  
**CBC WITH DIFFERENTIAL AUTO**  
**TROPONIN**

Imaging Tests  
**EKG 12 LEAD UNIT PERFORMED**

### Follow Up Appointments

You currently have no upcoming appointments scheduled.

View your After Visit Summary and more online at <https://myhealth.sentara.com/Login/Login.aspx>.

Name: Sharlene A Chapman | DOB: 1/19/1989 | MRN: 63652909 | PCP: Teria Mathews, NP | Legal Name: Sharlene A Chapman

## ED Provider Notes

Michael S Hurban at 01/25/21 0413

### **SENTARA NORFOLK GENERAL EMERGENCY DEPARTMENT**

Time of Arrival: 01/24/21 2043

—(I26.94) Multiple subsegmental pulmonary emboli without acute cor pulmonale  
(HCC) - Plan: ED Follow-Up - SMG Medicine Telehealth Visit (SNGH ONLY)

—(R91.8) Pulmonary infiltrates

—(U07.1) COVID-19 virus infection - Plan: ED Follow-Up - SMG Medicine Telehealth Visit (SNGH ONLY)

#### **Personal Protective Equipment:**

Personal Protective Equipment was used including; goggles, mask-surgical, and hands-gloves. Patient was placed on no precaution(s). Patient was masked.

**Assessment/Differential Diagnosis:** Covid associated pulmonary embolism, lack of ability to get outpatient anticoagulant as planned. Do not suspect heart failure, arrhythmia, renal insufficiency, bleeding.

**ED Course/Medical Decision Making:** Patient is afebrile and hemodynamically stable upon arrival and nontoxic during initial encounter.

Seen within the last 24 hours and diagnosed with pulmonary embolism, low burden with infarct in scattered opacities for which she is covered with Doxy. She had been sent home after a dose of Lovenox with plans to fill Eliquis. She was unable to get a discounted price which was offered to her if it had been prescribed as a blister pack, which was originally sent to CVS pharmacy (but was closed). The second prescription was not written as such and would not qualify for the discount, so she did not get it filled. It has been 12 hours since her last dose of Lovenox, and she states she should be able to get the Eliquis filled in the morning, so will give a dose of Lovenox here with expectation that she takes her first dose of Eliquis tonight. Return indications agreed upon.

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**Pre-Hospital/Procedures/Consults:** None

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**Disposition:** Home

#### **New Prescriptions:**

No medications on file

#### **Chief Complaint**

Patient presents with

- CHEST PAIN (ADULT)

• SHORTNESS OF BREATH

Sharlene A Chapman is a 32 y.o. female with a history of COVID-19 infection diagnosed 12/31, pulmonary emboli with associated infarct diagnosed 12 hours ago, who presents to the ED with complaints of recurrent symptoms while walking up her stairs prior to arrival. She was unable to get her prescribed Eliquis filled, and although she received a single dose of Lovenox, did not want a wait until the morning without being readdressed. She states it was insurance that limited her from getting the prescription, stating it was going to be 6 or \$800 because of the way it had been prescribed. She states the proper way she needed it prescribed was sent to CVS pharmacy, but it was closed by the time she got there tonight.

Overall, symptoms started 12/30 with fever. At that time, no cough, diarrhea, smell or taste loss. She had body aches headache and chills. She tested positive on the 31st. 1 week after this, she developed shortness of breath and cough. This worsened over a week, and she in retrospect recognize leg pain. This past Wednesday, 5 days ago, she developed a globus sensation and hemoptysis, so she went to an urgent care whom performed a chest x-ray and prescribed albuterol. She stopped her usual daily aspirin after the hemoptysis, and no progressive hemoptysis. She is maintained on OCPs. Saturday, 1/23, she developed acute sharp pain to her left chest and thoracic back. She was called by the urgent care facility where she had been seen and was told that her chest x-ray was suggestive of pneumonia, so she had doxycycline prescribed for her. She is had 2 doses of this. Yesterday, Sunday, had recurrent sharp chest pain and presented to Careplex ED. She had a CT scan done that demonstrated pulmonary embolism. She was given Lovenox and sent home with a prescription for Eliquis. She states she was ambulated and pulse ox did not drop below 94%. It should be noted that she is a ICU nurse, thinks she was exposed at Maryview hospital.

**Review of Systems:**

Constitutional: Negative for fever.

HENT: Negative for neck pain.

Respiratory: Positive for shortness of breath. Negative for cough (**resolved**).

Cardiovascular: Positive for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for myalgias.

Skin: Negative for rash.

Neurological: Negative for headaches.

Hematological: does not bruise/bleed easily.

**Physical Exam**

Vitals signs and nursing note reviewed.

**Constitutional:**

Appearance: She is not diaphoretic.

Comments: Awake and alert BF appearing in no obvious pain at rest. No resp distress. Voice is clear. Pleasant and appropriate in conversation.

**HENT:**

Head: Normocephalic and atraumatic.

**Eyes:**

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

**Neck:**

Musculoskeletal: Neck supple.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert.

No past medical history on file.

Past Surgical History:

Procedure

- LIPOSUCTION

Laterality

Date  
2016

Family History

Problem

- No Known Problems
- No Known Problems
- Hypertension
- Stroke

Relation

Age of Onset

Mother

Father

Maternal Grandmother

Maternal Grandfather

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs
  - Medical: Not on file
  - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity:
  - Partners: Male
  - Birth control/protection: Pill

Lifestyle

- Physical activity
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
  - Talks on phone: Not on file

Gets together: Not on file  
 Attends religious service: Not on file  
 Active member of club or organization:  
     Attends meetings of clubs or organizations: Not on file  
 Relationship status:  
     • Intimate partner violence Not on file  
     Fear of current or ex partner: Not on file  
     Emotionally abused: Not on file  
     Physically abused: Not on file  
     Forced sexual activity: Not on file  
 Other Topics  
     • Not on file  
 Social History Narrative  
     • Not on file

No outpatient medications have been marked as taking for the 1/25/21 encounter (Hospital Encounter).

#### No Known Allergies

#### Vital Signs:

Patient Vitals for the past 72 hrs:

	Temp	Heart Rate	Resp	BP	BP Mean	SpO2
01/24/21 2338	98.2 °F (36.8 °C)	79	18	155/82	106 MM HG	100 %
01/24/21 2058	97.5 °F (36.4 °C)	88	18	134/78	97 MM HG	100 %

Documentation Review: Old medical records, Previous electrocardiograms, Nursing notes, Previous radiology studies

#### Diagnostics:

##### Labs:

Results for orders placed or performed during the hospital encounter of 01/25/21

##### TROPONIN

Result	Value	Ref Range
Troponin (T) Quant High Sensitivity (5th Gen)	<6	0 - 19 ng/L

##### BASIC METABOLIC PANEL

Result	Value	Ref Range
Potassium	4.1	3.5 - 5.5 mmol/L
Sodium	141	133 - 145 mmol/L
Chloride	105	98 - 110 mmol/L
Glucose	74	70 - 99 mg/dL
Calcium	9.3	8.4 - 10.5 mg/dL
BUN	12	6 - 22 mg/dL
Creatinine	0.7	0.5 - 1.2 mg/dL
CO2	26	20 - 32 mmol/L
eGFR African American	>60.0	>60.0
eGFR Non African American	>60.0	>60.0
Anion Gap	9.5	3.0 - 15.0 mmol/L

##### CBC WITH DIFFERENTIAL AUTO

Result	Value	Ref Range
WBC x 10 <sup>3</sup>	5.4	4.0 - 11.0 K/uL
RBC x 10 <sup>6</sup>	4.07	3.80 - 5.20 M/uL
HGB	11.9	11.7 - 15.5 g/dL

HCT	36.4	35.1 - 46.5 %
MCV	89	81 - 99 fL
MCH	29	26 - 34 pg
MCHC	33	31 - 36 g/dL
RDW	12.2	10.0 - 15.5 %
Platelet	376	140 - 440 K/uL
MPV	10.1	9.0 - 13.0 fL
Segmented Neutrophils	58	40 - 75 %
Lymphocytes	28	20 - 45 %
Monocytes	12	3 - 12 %
Eosinophil	2	0 - 6 %
Basophils	1	0 - 2 %
Absolute Neutrophils	3.1	1.8 - 7.7 K/uL
Absolute Lymphocytes	1.5	1.0 - 4.8 K/uL
Absolute Monocyte Count	0.7	0.1 - 1.0 K/uL
Absolute Eosinophil	0.1	0.0 - 0.5 K/uL
Absolute Basophil Count	0.0	0.0 - 0.2 K/uL

**ECG:****Results for orders placed or performed during the hospital encounter of 01/25/21****EKG 12 LEAD UNIT PERFORMED**

Result	Value	Ref Range	Status
Heart Rate	89	bpm	Final
RR Interval	676	ms	Final
Atrial Rate	89	ms	Final
P-R Interval	156	ms	Final
P Duration	125	ms	Final
P Horizontal Axis	2	deg	Final
P Front Axis	72	deg	Final
Q Onset	510	ms	Final
QRSD Interval	83	ms	Final
QT Interval	339	ms	Final
QTcB	412	ms	Final
QTcF	387	ms	Final
QRS Horizontal Axis	-9	deg	Final
QRS Axis	51	deg	Final
I-40 Front Axis	34	deg	Final
t-40 Horizontal Axis	-23	deg	Final
T-40 Front Axis	61	deg	Final
T Horizontal Axis	82	deg	Final
T Wave Axis	-6	deg	Final
S-T Horizontal Axis	103	deg	Final
S-T Front Axis	58	deg	Final
Impression	- BORDERLINE ECG -		Final
Impression	SR-Sinus rhythm- normal P axis, V- rate 50-99		Final
Impression	T0NS-Borderline T wave abnormalities-T/QRS ratio < 1/20 or flat T		Final
Impression	-new twave inversion lead III-		Final

Rhythm interpretation from monitor: normal sinus rhythm

**EKG 12 LEAD UNIT PERFORMED****Final Result**

## ED Notes

Maria Cornelia R G Ocampo at 01/25/21 0345

Assumed care of pt. A&O x4. Pt presents to ED today for chest tightness, throat tightness and shortness of breath. Pt was at Careplex earlier today and was diagnosed with a PE and pneumonia. Received lovenox dose prior to discharge. Pt reports that she was supposed to get admitted at Careplex, however they decided to have her go home with eliquis instead. Able to speak full and complete sentences with ease. Respirations even and unlabored. Saturations at 95% and above on room air. No acute distress. Will continue to monitor.

Maria Cornelia R G Ocampo at 01/25/21 0448

Pain assessment on discharge was tolerable.  
Condition stable.  
Patient discharged to home.  
Patient education was completed: yes  
Education taught to: patient  
Teaching method used was discussion.  
Understanding of teaching was good.  
Patient was discharged ambulatory.  
Discharged with self.  
Valuables were given to: patient.

Rachel N. Grose at 01/25/21 0115

18G PIV placed to pt's R AC.  
Labs collected and walked to ED STAT lab.

Rachel N. Grose at 01/25/21 0000

18G PIV placed to pt's L AC.  
Labs collected and sent to ED STAT lab.

## ED Triage Notes

Rachel N. Grose at 01/24/21 2044

Pt arrives with complaints of COVID complications- throat tightening and chest pain x2 days.

Increased pain with inspiration- shooting into upper back.  
Rates pain 8/10.

States she was seen earlier today at Careplex and was diagnosed with a PE. Received Lovenox injection and sent home on Eliquis.

Diagnosed with COVID on 1/23/21

+cough/SOB  
Received Z-pack earlier this month.  
Also reports she was called yesterday stating she has Pneumonia.

EKG order placed.

## Discharge Instructions

Michael S Hurban at 01/25/21 0433

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Do not hesitate to return to the ER if you begin to experience new or worsening symptoms.

## Discharge Attachments

Pulmonary Embolism {English}

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**START taking these medications**

	Details
ondansetron (ZOFTRAN) 4 mg PO TbDL	Take 1 Tab by Mouth Every 8 Hours As Needed for Nausea (PRN FOR NAUSEA AND VOMITING). ALLOW TABLET TO DISSOLVE ON TONGUE., Disp-12 Tab, R-0, Print

**Discharge Medication List as of 8/4/2022 10:31 PM**

Portions of this document were created using Dragon dictation software. There may be grammatical or word substitution errors that were not identified on review.

*Kimberly Hubbs, FNP-C, ENP-C*

**ED Notes**

Tecorra M Crew at 08/04/22 2230

Prescriptions x 1 given with discharge information.

Condition stable.

Patient discharged to home.

Patient education was completed: yes

Teaching method used was discussion and handout.

Patient's understanding of teaching was good.

Patient was discharged ambulatory.

Discharged with family.

Valuables were given to: patient.

**New Prescriptions**

ONDANSETRON Take 1 Tab by Mouth  
(ZOFTRAN) 4 MG PO TBDL Every 8 Hours As Needed  
for Nausea (PRN FOR  
NAUSEA AND VOMITING).  
ALLOW TABLET TO  
DISSOLVE ON TONGUE.

Tecorra M Crew at 08/04/22 2045

Urine collected and sent to lab.

Tecorra M Crew at 08/04/22 2045

EKG completed.

Tecorra M Crew at 08/04/22 2032

Pt returned from radiology via wheelchair

Tecorra M Crew at 08/04/22 2020

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M

Pt arrives ambulatory to ED bed with c/o SOB and palpitations that began today. She states for the past 2 weeks she has had HA, Nausea and fatigue. She states she was dx with COVID in July. She denies any dizziness, weakness, ABD pain , bowel or urinary complaints. She is AAO x 4 in NAD. Respirations regular/unlabored. Denies additional complaints.

## ED Triage Notes

Stephanie N Griffith at 08/04/22 1650

Patient states she had COVID in July. C/o headache, lethargy, and nausea. Concerned that she may have a blood clot because she had COVID in 2020 and had blood clot after. States she did get short of breath while teaching earlier today.

## Discharge Instructions

KIMBERLY MARIE HUBBS at 08/04/22 2218

Your TSH today was 4.49 which is minimally elevated however I do recommend you follow-up with your primary care doctor to get further testing to see if it is considered hypothyroidism and if you need any treatment for it. Hypothyroidism can cause some of the symptoms you have been having such as the fatigue. Her D-dimer was negative which is reassuring have low suspicion of having a pulmonary embolism. Her other lab work look good no signs of infection or electrolyte abnormalities. I am also providing you with a prescription for nausea medication to have at home. Please follow-up with your primary care doctor and return to the ED with any new or worsening symptoms

## Discharge Attachments

- Palpitations Easy-to-Read (English)
- Nausea Adult Easy-to-Read (English)
- Shortness of Breath Adult Easy-to-Read (English)
- Hypothyroidism (English)

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NH

Name: Sharlene A Chapman | DOB: 1/19/1989 | MRN: 63652909 | PCP: Teria Mathews, NP | Legal Name: Sharlene A Chapman

## ED Provider Notes

KIMBERLY MARIE HUBBS at 06/10/24 0022

SENTARA CAREPLEX EMERGENCY DEPARTMENT

Time of Arrival: 06/09/24 2233

- ✓ (R07.9) Chest pain, unspecified type
- ✓ (R00.2) Palpitations
- ✓ (R06.02) SOB (shortness of breath)
- ✓ (R79.89) Elevated TSH

Discharge Medication List as of 6/10/2024 2:48 AM

### Chief Complaint

Patient presents with

- ✓ CHEST PAIN (ADULT)
- ✓ SHORTNESS OF BREATH

### HISTORY OF PRESENT ILLNESS

6/10/2024, 12:22 AM

Sharlene A Chapman is a 35 y.o. female with a PMHx of PE who presents today to the ED with complaints of chest pain and shortness of breath. The patient reports her chest pain started on 5/31/2024 after she had a break-up with her significant other. The patient states she initially felt like it was due to her break-up but states it has persisted since and describes as a dull constant pain that she rates a 3/10. Denies any radiation of the pain. The patient reports having more shortness of breath than usual but denies any hemoptysis. The patient does have history of PEs but is no longer on blood thinners. The patient endorses having palpitations and had an episode of palpitations prior to coming back into the room. The patient reports taking dandelion and aspirin at home. Denies any leg swelling at this time.

### Review of Systems

Constitutional: Negative for chills, fatigue and fever.

Respiratory: Positive for shortness of breath. Negative for cough.

Cardiovascular: Positive for chest pain and palpitations.

Musculoskeletal: Negative for myalgias.

Skin: Negative for rash.

Neurological: Negative for numbness.

Psychiatric/Behavioral: Negative for behavioral problems.

No past medical history on file.

Troponin: <6  
D-dimer: 0.30  
TSH: 4.60  
EKG: Sinus rhythm at 74 bpm with no ischemic findings.  
Chest x-ray:  
**Impression**  
1. No acute cardiopulmonary process.

**FINDINGS:**

Pleura: No pneumothorax identified. No effusions appreciated.

Lungs: The lungs are clear. No infiltrates identified.

Cardiomedastinal silhouette/Aorta: The cardiomedastinal silhouette is unremarkable.

Pulmonary vasculature: The pulmonary vascularity is unremarkable.

Osseous: The osseous structures are unremarkable.

Upper Abdomen: No acute finding.

HEART score: 0 points-Low Score Risk of MACE of 0.9-1.7%.

Cardiac workup was normal-patient is low risk for Mace. No evidence of ACS, AMI, pneumonia or pneumothorax. Negative D-dimer doubt PE slightly elevated TSH however similar to previous lab work a year ago. Patient reports having normal T3-T4 at primary care. Patient's workup today is very reassuring and I believe she be appropriate for outpatient management and follow-up with primary care.

Discussed lab work and imaging results with the patient. Emphasized the importance of following up with primary care. Provided with a referral for cardiologist. Instructed to return to the ED with any new or worsening symptoms. The patient verbalized understanding and agrees with plan.

**Supplemental Historians include:** historians: patient and medical records

**Discussion of Management with other Physicians, QHP or Appropriate Source:**  
consults discussed: None

**FINAL DIAGNOSIS:**  
(R07.9) Chest pain, unspecified type  
(R00.2) Palpitations  
. (R06.02) SOB (shortness of breath)  
(R79.89) Elevated TSH

**Disposition:** Home

**Discharge Instructions:** Please return to the ED for new, different, or worsening symptoms, as well as for any persisting complaints. Read your discharge paperwork carefully and take any prescription medication as directed. Follow-up with the healthcare referral provided in the time period specified. In the meantime, please contact or return to the ED for any questions or concerns.

**Discharge Rx:**  
**Discharge Medication List as of 6/10/2024 2:48 AM**

**Discharge Medication List as of 6/10/2024 2:48 AM**

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*Kimberly Hubbs, FNP-C, ENP-C*

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## ED Notes

MARIAH MEASE at 06/10/24 0304

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Condition stable.  
Patient discharged to home.  
Patient education was completed: yes  
Education taught to: patient  
Teaching method used was discussion.  
Understanding of teaching was good.  
Patient was discharged ambulatory.  
Discharged with self.  
Valuables were given to: patient.

## ED Triage Notes

Felicia Still at 06/09/24 2251

Patient arrived to triage presenting with medial chest pain and SOB since 6/7/2024. 5/31/24)

~~Hx of fluid around heart~~

## Discharge Instructions

KIMBERLY MARIE HUBBS at 06/10/24 0247

Your workup today was very reassuring. You have a mildly elevated TSH which you had in the past. I recommend following up with your primary care doctor to further evaluate this we may want to order more specific testing to further evaluate the number.

Your cardiac workup was normal. I do want to follow-up with a cardiologist if you continue to have the symptoms I provided you with a referral for 1.

Return to the ED with any new or worsening symptoms.

## Discharge Attachments

Nonspecific Chest Pain Adult Easy-to-Read (English)

Z3  
cont'd



## AFTER VISIT SUMMARY

Sharlene A. Chapman MRN: 63652909 6/10/2024 Sentara Careplex Emergency Department 757-736-2010

### Instructions

Your workup today was very reassuring. You have a mildly elevated TSH which you had in the past. I recommend following up with your primary care doctor to further evaluate this we may want to order more specific testing to further evaluate the number.

Your cardiac workup was normal. I do want to follow-up with a cardiologist if you continue to have the symptoms I provided you with a referral for 1.

Return to the ED with any new or worsening symptoms.



Read the attached information

1. Nonspecific Chest Pain Adult Easy-to-Read (English)
2. Palpitations Easy-to-Read (English)
3. Shortness of Breath Adult Easy-to-Read (English)



Schedule an appointment with Teria Mathews, NP as soon as possible for a visit

Specialty: Family Practice  
Contact: 12652 JEFFERSON AVE  
Newport News VA 23602  
757-234-4285



Schedule an appointment with Megan A Sattler, MD as soon as possible for a visit

Specialty: Cardiology  
Contact: 1031 Loftis Blvd Ste 100  
Newport News VA 23606  
757-736-9860



Follow up with Sentara Careplex Emergency Department

Why: As needed, If symptoms worsen  
Specialty: Emergency Medicine  
Contact: 3000 Coliseum Drive  
Hampton Virginia 23666  
757-736-2010

### Follow Up Appointments

You currently have no upcoming appointments scheduled.

### Today's Visit

Your Treatment Team today included:  
**KIMBERLY MARIE HUBBS**

#### Diagnoses

- ✓ Chest pain, unspecified type
- ✓ Palpitations
- ✓ SOB (shortness of breath)
- ✓ Elevated TSH

#### Lab Tests Completed

CBC WITH DIFFERENTIAL AUTO  
COMPREHENSIVE METABOLIC PANEL  
D-DIMER QUANTITATIVE  
TROponin  
TSH

#### Lab Tests in Progress

Extra Light Green Top

#### Imaging Tests

CHEST PA AND LATERAL  
EKG 12 LEAD UNIT PERFORMED



View your After Visit Summary and more online at <https://mychart.sentara.com/mychart/>.

ZH

ZT

Name: Sharlene A Chapman | [REDACTED] | [REDACTED] | PCP: Teria Mathews, NP | Legal Name: Sharlene A Chapman

## Letter Details

### Sentara®

SENTARA TELEHEALTH SERVICES VA  
1300 SENTARA PARK #3  
VIRGINIA BEACH VA 23464-5884  
Dept: 757-252-3050  
Dept Fax: 757-222-3106

8/1/2024

To Whom It May Concern:

This is to confirm that Sharlene A Chapman was seen on 8/1/2024 via telehealth.

I am writing on behalf of Ms. Chapman who has been experiencing episodes of shortness of breath and palpitations. These symptoms are concerning and have prompted the need for additional studies and further evaluation by a cardiologist.

Based on the information that has been provided to me, I recommend that Sharlene A Chapman have restricted work duties until a thorough cardiological assessment and appropriate treatment plan can be established by a specialist or her PCP, Teria Mathews, NP. The following work restrictions are recommended:

- Avoidance of physically strenuous activities:** Activities that may exacerbate symptoms, such as heavy lifting, prolonged standing, or any form of intense physical exertion, should be avoided.
- Stress management:** Minimize exposure to high-stress environments and situations that could potentially trigger palpitations or shortness of breath.
- Access to medical care:** Flexibility in work schedule to attend medical appointments, including the recommended specialist consultations and studies.

These restrictions should take place to ensure the safety and well-being of Sharlene A Chapman while she awaits further diagnostic evaluations and subsequent management plans from her PCP and/or cardiology team.

Your understanding and cooperation in accommodating these medical needs are greatly appreciated. Thank you for your attention to this important matter.

Sincerely,



Lee S Orciga, NP  
SENTARA TELEHEALTH SERVICES VA

Sharlene A Chapman [REDACTED]

Name: Sharlene A Chapman | DOB: 1/19/1989 | MRN: 63652909 | PCP: Teria Mathews, NP | Legal Name: Sharlene A Chapman

6  
M

## ECHOCARDIOGRAM COMPLETE (DOPPLER ECHO)

Collected on August 9, 2024 1:01 PM

 Not yet reviewed by care team.

### Results

#### CONCLUSIONS

- \* Left ventricular systolic function is normal with an ejection fraction of 55 % by 2D Teichholz.
- \* Left ventricular chamber size is moderately enlarged. ~~X~~
- \* There is asymmetrical left ventricular hypertrophy with a mild thickened septal wall. ~~X~~
- \* Left ventricular diastolic function: normal.
- \* Right ventricular systolic function is normal.
- \* Right ventricular chamber dimension is normal.
- \* There is no aortic valve stenosis.
- \* No pulmonary hypertension, estimated pulmonary arterial systolic pressure is 26 mmHg.

#### Patient Info

Name: Sharlene A Chapman

Age: 35 years

DOB: 1/19/1989

Gender: Female

MRN: 63652909

Ht: 67 in

Wt: 195 lb

BSA: 2.07 m<sup>2</sup>

BP: 118

/ 75 mmHg

Exam Date: 8/9/2024 1:01 PM

Patient Status: OP

Exam Type: ECHO CARDIOGRAM COMPLETE

#### Indications

Shortness of breath -

Palpitations -

Left Ventricle

Pg 1

Left ventricular systolic function is normal with an ejection fraction of 55 % by 2D Teichholz. Left ventricular segmental wall motion is normal. Left ventricular chamber size is moderately enlarged. There is asymmetrical left ventricular hypertrophy with a mild thickened septal wall. Left ventricular diastolic function: normal.

#### Right Ventricle

Tricuspid annular plane systolic excursion (TAPSE) is normal, 3.1 cm. Right ventricular systolic function is normal. Right ventricular chamber dimension is normal.

#### Left Atrium

Left atrial chamber is normal with a left atrial volume index biplane method of disk (BP MOD) of 19 ml/m<sup>2</sup>.

#### Right Atrium

Right atrial chamber size is normal.

#### Aortic Valve

The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation.

#### Pulmonic Valve

The pulmonic valve is normal. There is no pulmonic valve stenosis. There is no pulmonic regurgitation.

#### Mitral Valve

The mitral valve has normal leaflets. There is no mitral valve stenosis. There is trace mitral valve regurgitation.

#### Tricuspid Valve

The tricuspid valve leaflets are normal. There is no tricuspid valve stenosis. There is trace tricuspid valve regurgitation. No pulmonary hypertension, estimated pulmonary arterial systolic pressure is 26 mmHg.

#### Pericardium/Pleural

There is no pericardial effusion.

#### Inferior Vena Cava

Normal inferior vena cava diameter with >50% collapse upon inspiration consistent with normal right atrial pressure, 5 mmHg.

#### Aorta

The proximal ascending aorta is normal measuring 2.60 cm with an index of 1.3 cm/m<sup>2</sup>. The

aortic measurements are indexed to body surface area.

#### Left Ventricular Outflow Tract

---

Name Value Normal

---

LVOT 2D

---

LVOT Diameter 2.0 cm

LVOT Doppler

---

LVOT Peak Velocity 103.0 cm/s

LVOT Peak Gradient 4.0 mmHg

LVOT Area 3.1 cm<sup>2</sup>

#### Pulmonic Valve

---

Name Value Normal

---

PV Doppler

---

PV Peak Velocity 117.0 cm/s

PV Peak Gradient 5.0 mmHg

#### Mitral Valve

---

Name Value Normal

---

MV Doppler

---

MV Decel Slope 524 cm/s<sup>2</sup>

MV PHT 47 ms

MV Area (PHT) 4.7 cm<sup>2</sup> 4.0-5.0

MV Regurgitation Doppler

---

MR Peak Gradient 30.0 mmHg

MV Diastolic Function

---

MV E Peak Velocity 84.9 cm/s

MV A Peak Velocity 66.9 cm/s

MV E/A 1.3 0.8-2.0

MV Decel Time PW 162 ms

LA Systolic Pressure 88.0 mmHg

MV Annular TDI

---

MV Septal e' Velocity 10.6 cm/s >=7.0

MV E/e' (Septal) 8.0

MV Lateral e' Velocity 8.7 cm/s >=10.0

MV E/e' (Lateral) 9.8

MV e' Average 9.7 cm/s

MV E/e' (Average) 8.9 <=14.0

Tricuspid Valve

---

Name Value Normal

---

TV Regurgitation Doppler

---

TR Peak Velocity 228.0 cm/s <=280.0

TR Peak Gradient 21.0 mmHg

Estimated PAP/RSVP

---

RA Pressure 5 mmHg <8

PA Systolic Pressure 26 mmHg <35

RV Systolic Pressure 26 mmHg <36

Aorta

---

Name Value Normal

---

Ascending Aorta

---

Ao Root Diameter (MM) 2.7 cm

Ao Root Diam Index (MM) 1.3 cm/m<sup>2</sup>

Prox Asc Ao Diameter 2.6 cm <=3.1

Prox Asc Ao Diameter Index 1.3 cm/m<sup>2</sup> <=1.9

Aortic Valve

---

Name Value Normal

---

AV 2D/MM

---

AV Cusp Sep (MM) 2.0 cm

---

AV Doppler

---

AV Peak Velocity 1.3 m/s

AV Peak Gradient 6.0 mmHg

AV Area (Cont Eq Vel) 2.6 cm<sup>2</sup>

AV Area Index (Cont Eq Vel) 1.2 cm<sup>2</sup>/m<sup>2</sup>

AV Dimensionless Index

(Peak Velocity) 0.8

---

AV Regurgitation 2D

---

LVOT Area 3.1 cm<sup>2</sup>

---

Ventricles

---

Name Value Normal

---

LV Dimensions 2D/MM

---

IVS Diastolic Thickness

(2D) 0.9 cm 0.5-0.9

LVID Diastole (2D) 4.8 cm 3.8-5.2

LVPW Diastolic Thickness

(2D) 0.9 cm 0.5-0.9

LVID Systole (2D) 3.4 cm 2.2-3.5

LVID Diastolic Index (2D) 2.3 cm/m<sup>2</sup> 2.3-3.1

LVOT Diameter 2.0 cm

---

LV Fractional Shortening/Ejection Fraction 2D/MM

---

LV EF (2D Teichholz) 56 %

LV EF (BP MOD) 57 % 54-74

LV Fractional Shortening

(2D) 29.2 % 27.0-45.0

LV Diastolic Volume Index

(BP MOD) 71.5 ml/m<sup>2</sup> 29.0-61.0

LV SV (2C MOD) 83.6 ml

LV SV (BP MOD) 83.7 ml  
LV SV (Cubed) 72.7 ml  
LV SV (Teich) 61.0 ml  
LV EDV (Cubed) 112.7 ml  
LV ESV (Cubed) 40.0 ml  
LV EDV (Teich) 109.1 ml  
LV ESV (Teich) 48.1 ml

#### RV Dimensions 2D/MM

---

TAPSE 3.1 cm  $\geq$ 1.7  
RV s' Velocity 14.4 cm/s

#### Atria

---

Name Value Normal

---

#### LA Dimensions

---

LA Dimension (2D) 3.0 cm 2.7-3.8  
LA Dimen Index (2D) 1.4 cm/m<sup>2</sup>  
LA Dimension (MM) 3.3 cm 2.7-3.8  
LA Volume (BP A-L) 40.8 ml  
LA Volume Index (BP A-L) 19.7 ml/m<sup>2</sup> <35.0  
LA Volume Index (BP MOD) 18.7 ml/m<sup>2</sup>  $\leq$ 34.0

#### Wall Motion Scoring

Wall Motion Scoring Index: 1.00

#### Staff

Referring Provider: Lee S Orciga  
Ordering Provider: Lee S Orciga

40010153472156

#### Report Signatures

Finalized by Vikaas Kataria MD on 08/10/2024 09:46 AM

**EF Echo**

Value

55

Scan 1

Authorizing provider: Lee S Orciga

Reading physician: Vikaas Kataria

Study date: August 10, 2024 9:46 AM

Collection date: August 9, 2024 1:01 PM

Result date: August 10, 2024 9:46 AM

Result status: Final

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Name: Sharlene Anternise Chapman | DOB: 1/19/1989 | MRN: 008516695 | PCP: | Legal Name: Sharlene Anternise Chapman



## Office Visit - Aug 12, 2024

with T'eria D Mathews at Riverside Internal Medicine of Denbigh

### After Visit Summary®

#### AFTER VISIT SUMMARY



Sharlene A. Chapman MRN: 008516695

8/12/2024 8:40 AM Riverside Internal Medicine of Denbigh 757-234-4285

#### Instructions from T'eria D Mathews



##### Today's medication changes

➡ START taking:  
sertraline (ZOLOFT)

Anxiety

✗ STOP taking:  
ZINC-220 PO

Accurate as of August 12, 2024 11:59 PM.  
Review your updated medication list below.



Read the attached information  
Sertraline Tablets (English)



Pick up these medications from any pharmacy with your printed  
prescription  
sertraline



Return in about 15 weeks  
(around 11/25/2024), or if symptoms worsen or fail to improve.

#### Today's Visit



You saw T'eria D Mathews on Monday August 12, 2024 for: Follow-up.  
The following issues were addressed:

- Shortness of breath
- Enlarged heart chamber
- Palpitations
- Moderately severe major depression
- Generalized anxiety disorder

Pq1

 Blood Pressure 126/84	 BMI 31.17	 Weight 199 lb	 Height 5' 7"
 Temperature (Oral) 98.1 °F	 Pulse 69	 Respiration 16	 Oxygen Saturation 97%

## What's Next

You currently have no upcoming appointments scheduled.

## Orders Placed Today

Future Labs/Procedures	Expected by	Expires
Ambulatory referral to Cardiology [REF12 Custom]	As directed	8/12/2025

## Recommended Care

	Date Due
Influenza Vaccine (1)	09/01/2024
COVID-19 Vaccine (2 - 2024-25 season)	09/01/2024
Cervical Cancer Screening	01/26/2027
Tetanus	09/01/2029

Riverside MyChart will allow most patients with access to their medical records to receive clinical test results when available. You may see your test results before you connect with your healthcare provider. If you see your results before speaking with your provider, please be patient and wait for the provider's office to contact you. If you have any questions, you can send a message to your provider's office through MyChart.

pg 7

# Your Medication List as of August 12, 2024 11:59 PM

**i** Always use your most recent med list.

	Around d	Aftern oon	Eve ning	Bedti me	Neede d	As Any Time
Morning	Noon	noon	g	me	d	
<b>DANDELION ROOT PO</b> Take by mouth	Take by mouth					
<b>multiple vitamin tablet</b> Commonly known as: MULTIVITAMIN Take 1 tablet by mouth daily	✓					
 <b>sertraline 25 MG tablet</b> Commonly known as: ZOLOFT <b>START</b>  Take 1 tablet (25 mg total) by mouth daily Started by: T'eria D Mathews	✓					
	1 tablet					
	1 tablet (25 mg)					

## You are allergic to the following

Allergen	Reactions
Adhesive Tape	Rash

## Your Care Team

No active team members.

## Information on File

@ sharleneachapman@yahoo.com  
 ☎ 540-819-0729 (Home Phone)  
 ☎ 540-819-0729 (Mobile)  
 🏠 34 SCOTLAND RD  
 HAMPTON Virginia 23663-1430

Preferred language: English  
 Date of birth: 1/19/1989  
 Gender identity: Female  
 Ethnicity: NON HISPANIC OR LATINO  
 Race: Black or African American

 Attached Information

Sertraline Tablets (English)

## Sertraline Tablets

## What is this medication?

SERTRALINE (SER tra leen) treats depression, anxiety, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and premenstrual dysphoric disorder (PMDD). It increases the amount of serotonin in the brain, a hormone that helps regulate mood. It belongs to a group of medications called SSRIs.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

COMMON BRAND NAME(S): Zoloft

## What should I tell my care team before I take this medication?

They need to know if you have any of these conditions:

- Bleeding disorders
- Bipolar disorder or a family history of bipolar disorder
- Frequently drink alcohol
- Glaucoma
- Heart disease
- High blood pressure
- History of irregular heartbeat
- History of low levels of calcium, magnesium, or potassium in the blood
- Liver disease
- Receiving electroconvulsive therapy
- Seizures
- Suicidal thoughts, plans, or attempt; a previous suicide attempt by you or a family member
- Take medications that prevent or treat blood clots
- Thyroid disease
- An unusual or allergic reaction to sertraline, other medications, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast-feeding

## How should I use this medication?

Take this medication by mouth with a glass of water. Follow the directions on the prescription label. You can take it with or without food. Take your medication at regular intervals. Do not take your medication more often than directed. Do not stop taking this medication suddenly except upon the advice of your care team. Stopping this medication too quickly may cause serious side effects or your condition may worsen.

A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time.

Talk to your care team about the use of this medication in children. While this medication may be prescribed for children as young as 7 years for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.



NOTE: This medicine is only for you. Do not share this medicine with others.

## What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

## What may interact with this medication?

Do not take this medication with any of the following:

- Cisapride
- Dronedarone
- Linezolid
- MAOIs like Carbex, Eldepryl, Marplan, Nardil, and Parnate
- Methylene blue (injected into a vein)
- Pimozide
- Thioridazine

This medication may also interact with the following:

- Alcohol
- Amphetamines
- Aspirin and aspirin-like medications
- Certain medications for depression, anxiety, or other mental health conditions
- Certain medications for fungal infections like ketoconazole, fluconazole, posaconazole, and itraconazole
- Certain medications for irregular heart beat like flecainide, quinidine, propafenone
- Certain medications for migraine headaches like almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
- Certain medications for sleep
- Certain medications for seizures like carbamazepine, valproic acid, phenytoin
- Certain medications that treat or prevent blood clots like warfarin, enoxaparin, dalteparin
- Cimetidine
- Digoxin
- Diuretics
- Fentanyl
- Isoniazid
- Lithium
- NSAIDs, medications for pain and inflammation, like ibuprofen or naproxen
- Other medications that prolong the QT interval (cause an abnormal heart rhythm) like dofetilide
- Rasagiline
- Safinamide
- Supplements like St. John's wort, kava kava, valerian
- Tolbutamide
- Tramadol
- Tryptophan

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

## What should I watch for while using this medication?

Tell your care team if your symptoms do not get better or if they get worse. Visit your care team for regular checks on your progress. Because it may take several weeks to see the full effects of this medication, it is important to continue your treatment as prescribed by your care team.

Patients and their families should watch out for new or worsening thoughts of suicide or depression. Also watch out for sudden changes in feelings such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, impulsive, severely restless, overly excited and hyperactive, or not being able to sleep. If this happens, especially at the beginning of treatment or after a change in dose, call your care team.

This medication may affect your coordination, reaction time, or judgment. Do not drive or operate machinery until you know how this medication affects you. Sit or stand up slowly to reduce the risk of dizzy or fainting spells. Drinking alcohol with this medication can increase the risk of these side effects.

Your mouth may get dry. Chewing sugarless gum or sucking hard candy, and drinking plenty of water may help. Contact your care team if the problem does not go away or is severe.

## What side effects may I notice from receiving this medication?

Side effects that you should report to your care team as soon as possible:

- Allergic reactions—skin rash, itching, hives, swelling of the face, lips, tongue, or throat
- Bleeding—bloody or black, tar-like stools, red or dark brown urine, vomiting blood or brown material that looks like coffee grounds, small red or purple spots on skin, unusual bleeding or bruising
- Heart rhythm changes—fast or irregular heartbeat, dizziness, feeling faint or lightheaded, chest pain, trouble breathing
- Low sodium level—muscle weakness, fatigue, dizziness, headache, confusion
- Serotonin syndrome—irritability, confusion, fast or irregular heartbeat, muscle stiffness, twitching muscles, sweating, high fever, seizure, chills, vomiting, diarrhea
- Sudden eye pain or change in vision such as blurred vision, seeing halos around lights, vision loss
- Thoughts of suicide or self-harm, worsening mood

Side effects that usually do not require medical attention (report these to your care team if they continue or are bothersome):

- Change in sex drive or performance
- Diarrhea
- Excessive sweating
- Nausea
- Tremors or shaking
- Upset stomach

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

## Where should I keep my medication?

Keep out of the reach of children and pets.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Get rid of any unused medication after the expiration date.

To get rid of medications that are no longer needed or expired:

- Take the medication to a medication take-back program. Check with your pharmacy or law enforcement to find a location.
- If you cannot return the medication, check the label or package insert to see if the medication should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your care team. If it is safe to put in the trash, empty the medication out of the container. Mix the medication with cat litter, dirt, coffee grounds, or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

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MR  
MN

## AFTER VISIT SUMMARY

**Sharlene A. Chapman** DoB: 1/19/1989

8/15/2024 9:00 AM Sentara Internal Medicine Physicians 757-983-8600

### Instructions from Linda A Lewter

Your personalized instructions can be found at the end of this document.

### Today's Visit

You saw Linda A Lewter on Thursday August 15, 2024. The following issues were addressed:

- Adjustment disorder with mixed anxiety and depressed mood

### What's Next

**AUG 26 2024** Telehealth Visit with Linda A Lewter  
Monday August 26 11:00 AM

This visit will be on video, please do not present to the office. Please have your video on and be in a quiet place with no distractions at the time of your visit. You will get a notification to complete eCheck-in prior to your appointment. Please be ready to submit your current blood pressure, heart rate (pulse), height and weight during eCheck-in. This must be completed prior to your visit time. Please call the practice if you have questions about your video visit.

Prepay due: \$0.00

**DEC 3 2024** Cardiology New Patient with Thomas J Duncan  
Tuesday December 3 12:40 PM

Please arrive at least 15 minutes before your scheduled appointment time. Remember to bring your insurance information, all medications you are currently taking and any appropriate X-rays or test results. Please remember to bring your payment, as it is due at the time of service. Please contact us at least 24 hours in advance if you must cancel your appointment. We look forward to seeing you.

Prepay due: \$108.00

Sentara Cardiology Specialists  
11803 Jefferson Ave  
Ste 205  
NEWPORT NEWS VA 23606-2565  
757-736-9860



View your After Visit Summary and more online at <https://mychart.sentara.com/mychart/>.

### Changes to Your Medication List as of August 15, 2024 1:31 PM

You have not been prescribed any medications.

Instructions from Linda A Lewter

## COPING SKILLS

### CBT i Coach App

<https://mobile.va.gov/app/cbt-i-coach>

1) Read information under the Learn tab

2) At bedtime....Go to Tools tab and click, then click Quiet Your Mind tab. Review all tools, however focus on the Breathing Tool and the Progressive Muscle Relaxation Tools.

- Do Breathing tools 3 nights in a row
- Then next 3 nights just do Progressive Muscle Relaxation exercise.

Doing the exercise repeatedly, initially, will help you to start to create a memory path so that you will be able to know how to do it when you need it most. Make a note of the effects this has on your sleep for our next session.

### More Resources:

For Depression - <https://moodtools.org/>

For Anxiety - <https://feartools.com/>

Mindfulness Coach - <https://mobile.va.gov/app/mindfulness-coach>

Insight Timer - <https://insighttimer.com/>

Allergies as of 8/15/2024

No Known Allergies

Review status set to Verified with Patient/Family on 6/9/2024

### Problem List as of 8/15/2024

Noted - Resolved

Dermatology

11/10/2017 - Present

Other acne

Orthopedic

## Problem List (continued) as of 8/15/2024

Bunion of great toe of right foot	Noted - Resolved 11/10/2017 - Present
-----------------------------------	--

## Tests You Need To Do To Keep You Healthy

### Health Maintenance Schedule

According to our records you may be due for the following health maintenance. Please note that there may be additional health maintenance topics not included in this list but can be reviewed with your primary care provider or in your MyChart account. If your visit today is with your primary care provider please review this list with our nurses. They can update completed items and set up any that are needed.

If your visit today is with a Sentara Specialist and your primary care provider is not on Sentara eCare, this list may not be up to date. We suggest you review these items with your primary care provider at your next visit to stay current with your healthcare needs.

### Health Maintenance Due

#### Topic

- FLU VACCINE

## Nurse Advice Line

We are pleased to announce that this Sentara practice is now offering access to a **Nurse Advice Line**, which is staffed with specially trained Sentara Registered Nurses who can help you determine the appropriate level of care based on your symptoms. Registered Nurses are also available to you if you are having non-life threatening symptoms and need urgent clinical advice.

Please call 1-844-MYNURSE (1-844-696-8773) between the hours of 7:00 a.m. and 5:00 p.m. and the Nurse Advice Line team will assist you.

## Survey Notification

We want to hear from you! Please be on the lookout for a survey to tell us about your experience here today. You will either receive a call or an email from [sentara@surveynrc.com](mailto:sentara@surveynrc.com) with a link to the survey. Your valuable input will help us provide you with the personalized care you want - and need!

## Open Future Orders (1 year lookback)

#### Open Future Orders

	Priority	Expected	Expires	Ordered
HOLTER MONITOR 24 UP TO 72 HOURS	Routine	8/1/2024	2/1/2025	8/1/2024

## Goals

None

Name: Sharlene A Chapman | DOB: 1/19/1989 | MRN: 63652909 | PCP: Teria Mathews, NP | Legal Name: Sharlene A Chapman

OO  
MN

ZB

## TeleHealth - Aug 26, 2024

with Linda A Lewter at Sentara Internal Medicine Physicians

### Notes from Care Team

### Progress Notes

Linda A Lewter at 08/26/24 1100



SENTARA® MEDICAL GROUP

Sentara Medical Group Behavioral Health

#### CONFIDENTIAL MENTAL HEALTH INFORMATION

This report is confidential and contains sensitive mental health information provided during a confidential therapy session.

#### Therapy follow-up progress note:

Patient's Name: Sharlene A Chapman

Patient's DOB/Sex: 1/19/1989 / female

Medical Record #: 63652909

Date: 8/26/2024

Location: Behavioral Health

#### Telehealth Documentation

Mode of care: Video visit

Patient Location: Home, city Hampton, state Va

Provider location: Home, city Carrollton, state Va

#### Consent for Electronic Treatment:

This visit was conducted with the use of an interactive audio and/or video telecommunications system that permits real-time communication between the patient and this provider. The patient has submitted their consent to be treated electronically by way of this video technology. The risks and limitations of the process of telemedicine have been conveyed verbally during this encounter.

#### BH Dx:

(F43.23) Adjustment disorder with mixed anxiety and depressed mood

#### Objective: Presenting Problem:

This session was conducted via telehealth.

Sharlene A Chapman reports that the breathing exercises helped. She did eat after being triggered by her supervisor over the weekend. Process steps that she could have taken.

Completed personality assessment and assigned homework.

Colors - Blue Green Gold Orange  
Guess Partner Blue Green Gold Orange

**Assessment:**

Sharlene A Chapman was engaged and open to the therapeutic process.

LPC provided active listening and validation of thoughts feelings and concerns during session, provided support and encouragement in strengthening coping skills and improved well-being.

CBT interventions and DBT skills (such as Cognitive distortions/restructuring, Problem-solving, Goal-setting, Self-monitoring(journaling, behavior tracking), deep breathing/PMR/imagery/grounding; Distress tolerance, Self-care/Mindfulness, interpersonal effectiveness, emotional regulation)

**Response:**

Sharlene A Chapman was able to discussed his thoughts and feelings regarding his mental states.

**Treatment Goals**

- 1) Stabilize anxiety level while increasing ability to function on a daily basis
- 2) Recognize, accept, and cope with feelings of depression.
- 3) Develop healthy thinking patterns and beliefs about self, others, and the world that lead to the alleviation and help prevent the relapse of depression.

**Objective:**

- 1) Cooperate with a medication evaluation by a physician.
- 2) Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.
- 3) Identify and engage in pleasant activities on a daily basis.
- 4) Learn and implement relapse prevention strategies for managing possible future anxiety symptoms.
- 5) Identify and replace thoughts and beliefs that support depression.
- 6) Learn and implement behavioral strategies to overcome depression.
- 7) Implement mindfulness techniques for relapse prevention.

**Treatment Strategy / Interventions:** Cognitive Challenging, Cognitive Refocusing, Cognitive Reframing, Exploration of Coping Patterns, Exploration of Emotions, Exploration of Relationship Patterns, Interactive Feedback, Interpersonal Resolutions, Mindfulness Training, Psycho-Education, Review of Treatment Plan/Progress, Structured Problem Solving, Supportive Reflection, Symptom Management

**Plan of Care:**

Continue short-term therapy to improve emergent challenges  
Re-assess at next visit; goal of referring out for long-term therapy, as requested/needed by Pt  
Continue medication management with selected Prescriber to support short-term therapy goals  
-Plan reviewed with and accepted by Pt

**Next visit with this Provider:** 9/9/2024

**Symptoms Rating Scales:** Completed 8/15/24

**Mental Status Exam:**

**Orientation:** Person, Place, Time, and Situation

Appearance: Well-kempt, appropriate to season.

**Activity, Muscle strength and Tone:** Normal; no involuntary movements

**Eye Contact:** WNL

**Speech:** Fluent; Normal rate, tone, and volume for age

**Mood:** Good

**Affect:** Full and reactive, appropriate to situation. Mood congruent

**Thought Processes:** Well formed; Linear, logical, and goal-directed.

**Thought Content:** No suicidal or homicidal ideation, no delusions evident, no auditory or visual hallucinations

**Attention and Concentration:** Intact, no deficits noted.

**Impulse Control:** At baseline

**Insight & Judgement:** Good, appropriate for age.

**Estimated Intelligence:** Average

**Fund of Knowledge:** Appropriate

**Memory:** Short and long-term memory intact; no apparent deficits

**Appetite:** Appetite: WNL/Good

**Suicide Risk Assessment:** Acute risk is low.

**Firearms:** Firearms: No, Pt denies access

**Hospitalization:** Patient does not meet criteria for involuntary placement.

**Safety:**

- The patient is not a danger to self, others, or gravely disabled. The patient is not in need of acute psychiatric hospitalization.
- Emergency services have been reviewed with the patient, and the patient has convincingly contracted for safety with a crisis plan to
  - Call family or friends
  - Security,
  - Call Suicide Crisis Line (988), or Text the Crisis Line (741741)
  - Call 911, or
  - Present to nearest emergency department with suicidal or homicidal ideation.

Linda A Lewter, LPC 8/26/2024

**Start time:** 11:00am **End time:** 12pm